

MSA QUARTERLY BUSINESS ACTIVITY REPORT

Calendar Quarter Number: _____

(Quarter # and Year)

MSA Contract Number: _____

Contractor: _____

Company Name

Address

Contractor Contact: _____

Name

Phone Number

Agency Billing Code	Agency Name	Agency Location	Agency Order Number	Date of Order	Service Description	Service Ordered by Category	Total Dollars per Order
					You may expand the width of this box if needed.		

Total dollars for quarter: \$ _____

*Tax must NOT be included in the quarterly report, even if the agency includes tax on the agency order.

Mail to:

Rosemary Linares
Department of General Services
Procurement Division
Master Agreements Unit
707 Third Street, 2nd Floor
West Sacramento, CA 95605